Complete if Known Substitute for form 1449/PTO Application Number 10/565,346-Conf. #1923 INFORMATION DISCLOSURE Filing Date October 4, 2004 STATEMENT BY APPLICANT First Named Inventor Jane C. Hirsh Art Unit 1616 (Use as many sheets as necessary) Examiner Name M. Haghighatian Sheet 1 of 3 Attorney Docket Number CPX-01501

	U.S. PATENT DOCUMENTS							
Examiner Initials*	Cite No.1	Document Number  Number-Kind Code <sup>2</sup> ( If known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear			
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l s	STATEMENT BY APPLICANT						First Named Inventor	Jane C. H	Jane C. Hirsh		
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	(Us	e as many sh	eets as	nece	ssary)		Examiner Name	M. Haghig	hatian		
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Sheet	3	of	3	Attorney Docket Number	CPX-01501	

Examiner Initials	Cite No.1	include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²
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<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>&</sup>lt;sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.